PATENT APPLICATION SEE DEVERNINATION DECORDS											
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED - PART I							•		70/	6984	R THAN
			(Column 1) (C				SMALL ENTITY		OR		ENTHY
	FOR	MUMB	MUMBER FILED NUMB		ER EXTRA	l	RATE	FEE		RATE	FEE
P1 C	IC FEE ≯R 1.16(01)								OR		
	AL CLAIMS FR 1.16/20		eirus 20 • •				× 5 •		OR	× 8	
	PENDENT CLAU FR 1.18(b))	MS	eshua 3 = °		•		×s ·		OR	×5	·
MÖLTIPLE DEPENDENT CLAIM PRESENT (27 CFR 1.16M)							+:		-		
									OR	<u>+5</u>	
* If the difference in column 1 is less than zero, entire "0" in column 2.							TOTAL	L	OR	TOTAL	L
CLAIMS AS AMENDED - PART (I											
Ø.	MH/OL.	(Column 1)		(Column 2)	(Calumn 3)		SWALL	ENTITY	OR		R THÀN ENTITY
٨		CLAMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADD1-		RATE	ADDI
MENT		AFTER AMENOMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			TIONAL
Ω I	Total (3) CFR 1.10x3	. /	Minus	" ZB	. /		x s		OR	x s=	
핇	Independent (IF CFR 1,1800)	' /	Minus	" 5	7		×3•		OR	×1	
FRST PRESENTATION OF MILTIPLE DEPENDENT CLAIM (37 CFR 1,18(6))							+1 -	7.	OR.	+;	
						' '	TOTAL ADD'L FEE	/	OR	TOTAL	
(Cohron 1) (Column 2) (Cohron 3)							ADULTEE	-	- CA	ADD'L FEE	L
<u></u>	. 1	CLAMS		(Column 2) HIGHEST	(Column 3)			1	i i		
E	alulolo	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	AMENDMENT	242	PADFOR	ļ,		` .	FE6			FEE
ğ	CD CHE CHECK		Minus	28	<u> </u>		X 5		OR	x 8•	
MEN	Ch Chil r'sghill pugebeugaug		Mirus	5	-		x 8•	• /	OR	x s =	
FIRST PRESENTATION OF MALTIFLE DEPENDENT CLAIM (DT CFR 1,14/0)							+5		OR	+8	•
20/00/00							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	·
OP	127 10	/ (Catumn 1)		(Cotumn 2)	(Column 3)		'				
ပါ	1	CLAMS		HIGHEST		1		T I			
ENT	,	REMAINING AFTER AMENOMENT		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
8	Total GFGFR 1,186G	. /	Minus	"//X	0		x	FEE			FEE
	Independent OF CFR LINES	•	Minus		1-X-1				OR	x 3*	
¥		AT ION OF MATERI						- -	OR	x 3e	
FRST PRESENTATION OF MATTER DEPONDENT PLAN OF CRY 1.9800							TOTAL	4	OR	+ s •	
* if the entry in column 1 is less than the entry in column 2, write 10 in column 3.											
"If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Righest Number Previously Paid For" IN THIS SPACE is less than 1, enter "3".											
	The Wahest N	umber Previously	, UI Dale Co-0 /	Total or Indonesia	in ,". (up)) 229. 23 adole arth 16 Mao	-		de e enimetes		-d	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate but in colustion 4.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 7CFR 1.14. This collection is estimated to use 12 minutes to complete, including gathering, preparing, and authoriting the completed explication form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of lines you require to complete this form and/or suggestions for reducing this burdon; should be sent to the Chief Information Officer, U.S. Potent and Tindeman, Office, U.S. Ooperingent of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.